AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: []IXC MCLEC []ILEC []Wireless 2010.134A **CERTIFICATED COMPANY INFORMATION** blecommunications] FEIN/U. Company Name 708-679 Dba/fka Mailing Address Illinois 60411 nicago City, State, Zip Code rame. as COBR **Business Location** City, State, Zip Code County REGISTERED AGENT INFORMATION Registered Agent: N Mailing Address: City, State, Zip Code: Pursuant to the Commission's rules and regulations, print or type company contact for the following areas: General Manager (Include address if different than above.) A. Sornadetto_ B. Customer Relations /Complaints Representative (Include address if different than above.) 108 679-50**59** Telephone Number 1708-756-7721/ Breed (a) mynti. Cam JAME AR C1. Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.) Telephone Number E-mail Address Facsimile Number <u>817-561-37*8*2</u> C2. **Customer Contact (Toll Free Number)** D. Engineering Operations (Include address if different than above.) Telephone Number Facsimile Number E-mail Address E. Test and Repair (Include address if different than above.) 108-679-5062, 708-756-7721,

Facsimile Number

Telephone Number

ŕ.	Jarou Host		
Emergencies (During non-office hours)		. 710	
	106-679-5050 / 108-756-772 Telephone Number Facsimile Number	11 THamymti. Com E-mail Address	
أمام مداما		ation to assist in proper routing of correspondence and invoices:	
<u>in add</u>	addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:		
G.	Regulatory Officer (Include address if different than above		
	Telephone Number Facsimile Number	E-mail Address	
H.	Dual Party Mailings (Name)		
		go Heights TZ 604//	
	Mailing Address 75050 / 708-756-772	E-mail-Address	
,	Telephone Number Facsimile Number	E-mair Address	
i.	Interim LEC Fund Mailings (Name)		
	Mailing Address	1	
	Telephone Number Facsimile Number	E-mail Address	
J.	Universal Service Fund Mailings (Name)		
	Mailing Address	1	
	Telephone Number Facsimile Number	E-mail Address	
K.	Gross Receipts Mailings (Name)		
	Mailing Address	1	
	Telephone Number Facsimile Number	E-mail Address	
L.	Lifeline Mailings (Name)		
	Mailing Address		
	Telephone Number Facsimile Number	E-mail Address	
	Anles Holt	Alle Holf	
	This form was completed by (print name)	Signature	
	Direction of Openations	$\frac{3/3i/10}{\text{Date}}$	
	RETURN COMPLETED FORM TO:		
	Public Service Commission of SC	Office of Regulatory Staff	
	Docketing Department Post Office Drawer 11649	Attn: Jeanne Gordon 1401 Main Street, Suite 900	
	Columbia, South Carolina 29211	Columbia, South Carolina 29201 (Rev. PSC 01/2010)	